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Country programme outline for the South Pacific subregion*

(Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu)

Proposed UNFPA assistance:	$9 million: $6 million from regular resources and $3 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2003-2007)
Cycle of assistance:	Third
Category per decision 2000/19:	Category A: Kiribati, Samoa, Solomon Islands, Tuvalu and Vanuatu Category C: Fiji Remainder are not classified

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	3.5	2.5	6.0
Population and development strategies	2.0	0.5	2.5
Programme coordination and assistance	0.5	-	0.5

* The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country outlines, and has delayed submission of the present document.

I. Situation analysis

1. Many of the Pacific Island countries are still recovering from the effects of the Asian economic crisis of the late 1990s. Political crises have affected two of the largest countries (Fiji and the Solomon Islands) but relative stability has returned. The Pacific Island countries are vulnerable to natural disasters, and the low-lying atolls are especially susceptible to climate change. Smallness, isolation and distance from key markets constrain economic growth.

2. Absolute poverty remains rare in the region because of near universal access to land; however, there is growing concern about increasing inequality and relative poverty, particularly in urban areas. The scarcity of data makes it difficult to accurately gauge the extent of poverty and to design and monitor poverty-reduction programmes. Diseconomies of scale exacerbate the delivery of social services and impede the development of efficient transport and communications.

3. Annual population growth averages 2 per cent in the region as a whole, but some countries, such as the Solomon Islands and Vanuatu, still have rates of growth just under 3 per cent. There are also pockets of high growth in some provinces within countries. The total fertility rate has levelled off at 3 in several countries, but remains above 5 in others. Past high fertility has produced a growing population of youth and adolescents to be educated and absorbed into the labour force. Evidence suggests an increasing prevalence of HIV/AIDS and other sexually transmitted infections (STIs) in several countries.

4. There are indications of considerable unmet need for family planning. The contraceptive prevalence rate among the five UNFPA category A priority countries ranges from 8 to 40 per cent. Contraceptive prevalence rates generally remain well below the International Conference on Population and Development (ICPD) thresholds. The rate of teenage pregnancies remains high: 81 per 1,000 women aged 15-19 years in Vanuatu, 84 in the Solomon Islands and 94 in the Marshall Islands.

5. In quantitative terms, the proportion of deliveries attended by trained personnel is high, but the quality of the training received and the ability of staff to deal with obstetric emergencies are limited. Gender equality is far from being achieved as evidenced by the disparity in wages and the high incidence of violence against women.

II. Past cooperation and lessons learned

6. The 2001 midterm review of the second UNFPA programme produced several important lessons for the next cycle of assistance. Although health ministries accepted the concept of integrated reproductive health services, implementation has been uneven. Ministries faced several constraints: insufficient skills and inadequate training of staff; shortages of essential equipment; inadequate supervision, especially in rural health centres; weak management; and financial cutbacks as part of public sector reform.

7. While several adolescent and reproductive health initiatives were launched, many of these were developed without sufficient involvement by the youth themselves and thus did not accomplish their objectives. Although there was extensive use of media campaigns, drama productions and other forms of information, education and communication (IEC), the impact of these activities on the behaviour of key groups was difficult to gauge. IEC interventions, particularly behaviour change communication, should include instruments to assess their impact.

8. Attempts were made to involve men as partners in reproductive health, targeting men in the organized sector and in the army as well as

rugby players. The involvement of a non-governmental organization (NGO) with a broad network of contacts to implement this activity on a pilot basis has been successful. This project has demonstrated that the integration of men-as-partners initiatives into ongoing activities works.

9. The effectiveness of execution modalities has been uneven. In countries without United Nations representation, programme monitoring has been difficult. The presence of World Health Organization (WHO) liaison offices in some countries has been helpful, but such offices were unable to address the range of technical issues associated with implementing reproductive health programmes. Regional organizations such as the Secretariat of the Pacific Community (SPC) have been effective partners in project execution, successfully addressing both technical and administrative dimensions.

10. Limited support by UNFPA for work in population and development and the absence of other donors in this area slowed the development of analytical and research capacity in the region. Research conducted by academic institutions has not been as operationally relevant as had been originally envisaged.

11. The strengthening of health information systems has proven difficult, and the data required for programme monitoring and measuring progress toward the achievement of the ICPD goals and the Millennium Development Goals (MDGs) is frequently unavailable. Census data tend to be underutilized and disaggregation by sex is frequently minimal, thus limiting the incorporation of a gender perspective in policies and programmes.

12. Attempts to strengthen national capacity in reproductive health and population programmes have been attenuated by accelerating rates of outmigration, especially by trained health and education personnel, due to political instability and the lack of economic opportunities. This has undermined efforts to build a body of well-trained personnel at all levels.

III. Proposed programme

13. The UNFPA third cycle of assistance is based on the findings of the common country assessment and the United Nations Development Assistance Frameworks (UNDAFs) for the five least developed countries in the region. The strategic framework for the new cycle was agreed by consensus by stakeholders from 14 Pacific Island countries at the programme strategy meeting held in March 2002. The programme has been formulated to strengthen countries' capacities to achieve the ICPD goals and the MDGs. Emphasis has been placed on building partnerships to address national priorities, with special attention to vulnerabilities and opportunities resulting from subregional, regional and global considerations.

14. The UNFPA-assisted programme, guided by a rights-based approach, will contribute to poverty reduction in the Pacific through improved access to high-quality reproductive health services; strengthened capacity in data collection, analysis and utilization of evidenced-based policies and programmes; and enhanced awareness and understanding by policy makers and key stakeholders of population trends and their implications for achieving social and economic development goals. There will be two subprogrammes: reproductive health and population and development strategies.

Reproductive health subprogramme

15. The reproductive health subprogramme will achieve the following outputs: Output 1: Improved quality of and access to reproductive health services, especially in rural and remote areas. UNFPA will support the upgrading of skills and competencies of service providers to deliver a range of high-quality reproductive

health services, including client counselling. This will be done in cooperation with the Fiji School of Medicine, WHO and the Australian Agency for International Development (AusAID). UNFPA will support further integration of HIV/AIDS into reproductive health services in the context of primary health care. The Joint United Nations Programme on HIV/AIDS will be a key partner in this activity.

16. Output II: Improved management of reproductive health programmes. Technical assistance will be provided for programme management, with special emphasis on improving supervisory skills and enhancing the capacity of health providers to collect, compile and utilize reproductive health statistics. Logistics to ensure the availability of contraceptive supplies will also be supported.

17. Output III: Increased responsiveness to the reproductive health needs of adolescents. Given that 35 per cent of the population of the Pacific Islands is between 10 and 24 years of age, UNFPA will intensify its efforts to meet the reproductive health needs of young people. This will be implemented in partnership with church groups, regional institutions, youth organizations, SPC, the United Nations Children's Fund and private foundations. Activities will include training peer counsellors for formal and non-formal educational settings; providing appropriate services in youth centres; sociocultural research on religious and cultural values that influence the behaviour of young people; and operational research to identify successful youth programmes. The emphasis will be on involving young people in programme design and implementation.

18. Increased emphasis will be placed on adolescent girls, given their vulnerability to reproductive health concerns. This will be done by supporting livelihood and skills development, building self-esteem and strengthening negotiation skills.

Population and development strategies subprogramme

19. The population and development strategies subprogramme will achieve the following outputs: Output I: Strengthened country and regional capacity to monitor and report on progress toward the achievement of the ICPD goals and the MDGs. As part of the UNDAF, UNFPA will work with other United Nations partners to build country capacity to collect, analyse and utilize population data and reproductive health service statistics. This will be done through training and by strengthening national statistical offices and other relevant ministries. UNFPA, in partnership with the Department for International Development (DFID) of the United Kingdom, SPC and UNDP, will support the development and use of a geographical information system. Limited support will also be provided to improve the reliability of health information systems and to develop a regional database.

20. Output II: Enhanced awareness and understanding among policy makers and key stakeholders of population trends and their implications for sectoral planning and policy formulation. UNFPA will provide support for training and technical assistance to strengthen national capacity to analyse the linkages between population and development using census and survey data and to use such analyses for policy and programme development. Skills development will take place through formal courses, secondments, fellowships, seminars and workshops. UNFPA will join other donors to build country capacity to undertake policy-relevant research to demonstrate population and development linkages in specific national contexts and to improve programme management and design.

21. Output III: Strengthened partnerships with key groups – parliamentarians, policy makers, religious and community leaders, civil society organizations and the media – to broaden the network of population and development advocates. To accomplish this,

UNFPA will support knowledge sharing and the dissemination of lessons learned and best practices. The strengthening of evidence-based advocacy is closely linked to Output II above.

IV. Programme management, monitoring and evaluation

22. The UNFPA third programme of assistance will include country-specific activities and subregional initiatives from which all Pacific Island countries will benefit. At the country level, Governments and NGOs with the requisite capacity will execute activities. Implementing agencies and UNFPA will carry out programme monitoring.

23. In response to the managerial weaknesses revealed by the review of the UNFPA second programme of assistance, special attention will be paid to programme management and execution modalities. The programme management capacity of the respective Governments and NGOs will be strengthened to undertake increased programme execution.

24. Technical support and training will be provided to country-level entities executing and implementing UNFPA-assisted activities. This will include training in logical framework design and in the use of results-based management.

25. In accordance with the findings of the UNFPA field needs assessment and the realignment process, the country office will be upgraded with improvements in information and communication technologies and through training in technical and managerial skills to monitor the programme effectively. Enhanced capacity in information and communication technologies will enable the country office to monitor the programme on a systematic basis without incurring the high costs of missions to widely scattered Pacific Island countries. In the last two years, the capacity of several Pacific Island countries in information and communication technologies has increased considerably, enabling regular e-mail communication.

26. UNFPA will continue to pursue dialogue with donor agencies, Governments and civil society organizations in programme development, surveys and analysis, and will participate in joint donor missions. This will further strengthen partnerships with key stakeholders and may lead to increased funding and resource mobilization in the UNFPA-assisted programme. UNFPA will work with donors such as AusAID, DFID, the European Union, Japan, the New Zealand Official Development Assistance Programme, the United Nations Foundation for International Partnerships and private foundations. Efforts will be made to identify donors for cost-sharing opportunities, particularly for regional interventions.

27. Risk factors that might compromise the success of the new programme include the region's vulnerability to natural disasters and the recurrence of political instability. In addition, high levels of outmigration of trained human resources could deprive the programme of essential managerial and technical skills.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR THE SOUTH PACIFIC SUBREGION

UNDAF Objective[1]: To make social services equally available to all groups and to raise the overall quality of services to contribute to reduced poverty

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
High-quality reproductive health services available for all	*[Reproductive health subprogramme]* • Equal access to high-quality reproductive health services for hard-to-access areas and groups • Increased utilization of reproductive health services by young people	In all countries, but especially among hard-to-access groups and areas: • Increased proportion of deliveries assisted by trained personnel • Reduced infant mortality rate • Reduced maternal mortality rate • Decreased maternal morbidity • Increased contraceptive prevalence rate • No increase in rates of HIV/AIDS and sexually transmitted infections (STIs)	**Output 1: Improved quality of and access to reproductive health services, especially in rural and remote areas** Output indicators: • Increased number of trained/skilled nurse midwives who are posted to hard-to-reach areas • Availability of essential obstetric care services in all primary health care service delivery points • Range of family planning methods increased to at least three in remote and rural areas **Output 2: Improved management of reproductive health programmes** Output indicators: • Increased logistical and managerial capacity and skills of project directors, coordinators and managers • Regular supervisory visits to hard-to-reach areas **Output 3: Increased responsiveness to the reproductive health needs of adolescents** Output indicators: • Increased number of youth-friendly reproductive health clinics and community-based service delivery points • Reduced incidence of teenage pregnancy, HIV/AIDS and STIs among young people, especially adolescents • Increased number of trained/skilled in-school and out-of-school peer educators and counsellors	**Reproductive health subprogramme:** $6 million

[1] Specific wording may vary in individual country UNDAFs.

UNDAF Objective: Improved capacity to formulate, manage and implement economic and social policies and strategies aimed at alleviating poverty and inequality in a context of strengthened governance, participation and human rights				
UNFPA Goal	**Outcome**	**Indicators**	**Outputs and Key Indicators**	**Resources**
Improved quality of life for present and future generations	*[Population and development strategies subprogramme]* Millennium Development Goals (MDGs) and ICPD goal indicators are available and reported	MDG reports are produced and include data on MDG and ICPD indicators	**Output 1: Strengthened country and regional capacity to monitor and report on progress toward the achievement of the ICPD goals and the MDGs** Output indicator: • The number of countries collecting sex disaggregated data on MDG and ICPD goal indicators and the completeness of reporting	**Population and development strategies subprogramme:** $ 2.5 million
	Population issues are given appropriate weight in national development strategies, plans and policies	Population issues are fully reflected in transparent and well-developed development policies and strategies in all relevant sectoral and national policies and programmes	**Output 2: Enhanced awareness and understanding among policy makers and key stakeholders of population patterns and trends and their implications for sectoral planning and policy formulation** Output indicators: • Number of key stakeholders and policy makers receiving materials and participating in awareness raising • Number of research reports providing evidence-based policy recommendations	
	Incorporation of population issues in development strategies, plans and policies is supported by Government and other stakeholders and partners	Public statements by policy makers, parliamentarians and community leaders in support of population issues	**Output 3: Strengthened partnerships with key groups (parliamentarians, policy makers, religious and community leaders, civil society organizations and the media) to broaden the network of population and development advocates** Output indicator: • Strategic partnerships established and operating in support of population and development strategies and reproductive health	**Programme coordination and assistance:** $0.5 million

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